

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 299

BY WAYS AND MEANS COMMITTEE

AN ACT

RELATING TO THE IDAHO HEALTH CARRIER EXTERNAL REVIEW ACT; AMENDING SECTION 41-5904, IDAHO CODE, TO DELETE LANGUAGE RELATING TO CERTAIN FINAL ADVERSE BENEFIT DETERMINATIONS AND TO PROVIDE AN OPT-IN ELECTION TO SINGLE EMPLOYER SELF-FUNDED EMPLOYEE BENEFIT PLANS SUBJECT TO AND OPERATED IN COMPLIANCE WITH THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Section 41-5904, Idaho Code, be, and the same is hereby amended to read as follows:

41-5904. APPLICABILITY AND SCOPE. (1) Except as provided in subsection (2) of this section, this chapter shall apply to all health carriers' ~~final adverse benefit determinations which involve an issue of medical necessity or investigational service or supply.~~

(2) The provisions of this chapter shall not apply to a plan, policy or certificate that provides coverage only for a specified disease, specified accident or accident-only coverage; nor shall this chapter apply to a credit, dental, disability income, hospital indemnity, long-term care insurance, vision care, limited benefit health plans or any other limited supplemental benefit; nor shall this chapter apply to a medicare advantage plan or medicare supplemental policy of insurance, as defined by the director by rule, coverage under a plan through medicare, medicaid, or the federal employees health benefits program, any coverage issued under chapter 55, title 10, of the United States Code and any coverage issued as supplemental to that coverage; nor shall this chapter apply to any coverage issued as supplemental to liability insurance, worker's compensation or similar insurance, automobile medical payment insurance or any insurance under which benefits are payable with or without regard to fault, whether written on a group blanket or individual basis; nor shall this chapter apply to a single employer self-funded employee benefit plan subject to and operated in compliance with the employee retirement income security act of 1974 (ERISA); provided however, the single employer self-funded ERISA employee benefit plan administrator or designee may, by timely and appropriate written notice to the director, voluntarily elect to comply with the provisions of this chapter either for a single plan beneficiary or for a specific period of time. The director may promulgate rules establishing the procedure for an employee benefit plan administrator or designee, to voluntarily comply with the provisions of this chapter and to provide for an administrative fee to be paid by the employee benefit plan administrator for each voluntary external review request submitted to the department pursuant to this chapter.

(3) The availability or use of external review pursuant to this chapter shall not alter the standard of review used by a court of competent jurisdic-

1 tion when adjudicating the health carrier's final adverse benefit determi-
2 nation.